

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151304	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RUSH MEMORIAL HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED R 04/15/2015
NAME OF PROVIDER OR SUPPLIER RUSH MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 N MAIN ST RUSHVILLE, IN 46173		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 01/26/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 04/15/15</p> <p>Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A</p> <p>At this PSR survey, Rush Memorial Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(d), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The</p>	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 facility has a capacity of 25 and had a census of 6 at the time of this survey.	{K 000}			